

2371

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>Navajo</u> State <u>ARIZONA</u>		State File No. <u>308</u>	
Township _____		City _____ or Village <u>Lakeside</u>		Registered No. _____	
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.		(If death occurred in a hospital or institution, give its NAME instead of street and number) _____		Ward _____	
2. FULL NAME <u>Harry Nelson</u>		How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.		How long in State when death occurred <u>7</u> yrs. <u>5</u> mos. _____ ds.	
(a) Residence: No. _____ (Usual place of abode)		St. _____ Ward _____		(If not resident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>married</u>			
5a. If married, widowed, or divorced					
HUSBAND of <u>Anna Nelson</u> (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 20, 1871</u>					
7. AGE	Years <u>64</u>	Months <u>11</u>	Days <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) <u>Sept. 22, 1935</u>					
11. Total time (years) spent in this occupation <u>8</u>					
12. BIRTHPLACE (city or town) (state or country) <u>Princeton, Kentucky</u>					
13. NAME _____					
14. BIRTHPLACE (city or town) (State or country) _____					
15. MAIDEN NAME <u>Emily Russell</u>					
16. BIRTHPLACE (city or town) (State or country) _____					
17. INFORMANT <u>Anna Nelson</u>					
18. BURIAL, CREMATION, OR REMOVAL					
Place <u>Lakeside</u> Date <u>Sept. 24, 1935</u>					
19. UNDERTAKER <u>none</u>					
20. Filed <u>Sept. 24, 1935</u> <u>Loretta E. Hansen</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 23, 1935</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____					
I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Came in from field and died very suddenly. He help could be had. Family say Apoplexy of heart</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____					
Where did injury occur? _____ (Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>Loretta E. Hansen</u>					
(Address) <u>Lakeside, Ariz.</u>					